

POSITION	INITIALS	ID NO.	DATE
	MA		04/12/01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			105-8-01
FORMALITY REVIEW	ST	102/	06/06/01
RESPONSE FORMALITY REVIEW	KM	FS	09-05-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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MS  
06/06/01  
56-617  
9-6-01